State of California
Respiratory Care Board
444 North 3rd Street, Suite 270
Sacramento, CA 95814
Telephone (916) 323-9983
Fax (916) 323-9999
www.rcb.ca.gov

May 8, 2002

Inquiry:

(1) Can you give me the definition(s) of what types of "respiratory care as ordered by a physician" would count towards the therapist to patient ratio?

(2) Would those patients receiving only O2 therapy count or only those patients receiving more involved therapy? I am particularly concerned about how the staffing ratios would be determined in the critical care setting.

(3) Does AB 2712 require or infer the RCPs must be (nursing) unit based?

I am used to staffing to workloads calculated following the AARC Respiratory Care Uniform Reporting Manual and Uniform Reporting Manual for diagnostic services and moving staff from unit to unit as the workload changes during the day.

Response: As of April 22, 2002, AB 2712 was sent to the Assembly Committee on Health. The chairperson for this committee is the honorable Helen Thomson. The bill, as it was forward, does not specifically refer to procedures or the weighting of procedures as is described in the AARC guidelines. It is, at best, vague in its determination of how many licensed respiratory care practitioners (LRCP) per patient would be considered safe practice. The proposed legislation proposes ratios that range from 1 LRCP per 2 patients in a critical care setting to 1 LRCP for every fifty patients on a medical/surgical area.

In answer to your second question we did not see any language that required the LRCP to be nursing unit based (de-centralized). I am forwarding your inquiry and concerns on to our chairperson of our legal and legislative affairs committee, Mr. Scott Svonkin. I will ask that he continue to follow this legislation to ensure we can recommend any appropriate changes.

Reference # 2002-C-15